DOCUMENT RESUME

ED 272 777 CG 019 260

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TITLE 3 R's in the Marital Treatment of Alcohol Abuse.
PUB DATE Aug 84
NOTE 6p.; Paper presented at the Annual Convention of the American Psychological Association (92nd, Toronto, Ontario, Canada, August 24-28, 1984).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Alcoholism; *Client Characteristics (Human Services); Counseling Techniques; *Drinking; *Expectation; *Marriage Counseling; *Spouses
IDENTIFIERS *Alcohol Abuse; *Restitution

ABSTRACT

Alcohol abuse imposes financial, social, and emotional burdens on drinkers and their families. Couples suffering from alcohol-related problems who seek therapy often have expectations of retribution, restitution, and refuge. Although thoughts of retribution are difficult to elicit in therapy, non-drinking spouses often expect to inflict pain on the drinking spouse commensurate with their own suffering during the period of heavy drinking. Efforts to resolve retribution fantasies usually are most productive when they focus on reducing the issue to its concrete implications. This is achieved by having spouses evaluate whether retribution is actually possible and desirable. Restitution is usually easy to elicit in treatment, since non-drinking spouses often expect payment for their suffering. Couples can be helped to resolve this issue by working out a set of agreements about their mutual contributions to each other's future needs. Once clients have moved beyond retribution and restitution, the desire for refuge against future disruptions caused by a spouse's return to drinking may surface. Especially in cases in which the ex-drinker has suffered lapses in the past, the non-drinking spouse may want protection and assurance that the drinking has stopped. The ex-drinker can do little more than make a promise. The resolution for most couples is to reach a willingness to live with some uncertainty in their relationships and, initially, in treatment. Marital treatment can proceed once these issues of retribution, restitution, and refuge have been resolved. (NB)

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3 R's in the Marital Treatment of Alcohol Abuse

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Few people challenge the view that drinking imposes trememdous financial, social and emotional burdens on drinkers' families. For spouses, as for drinkers, the trauma caused by the abusive behavior frequently lingers when the drinking stops. It may escort the couple to treatment and impede the progress of therapy.

In their excesses, drinkers often engender in their spouses a set of "prior issues" to treatment, a number of specific expectations which clamor for attention. These expectations seem to resolve themselves into three basic components. The first is a fantasy of retribution harbored by non-drinkers for past sufferings inflicted by their spouses. The second is an expectation of restitution for their pains. The third is a quest for refuge from future disruptions, some insurance against a possible return to abusive drinking. I would like to consider each of the 3 R's briefly in turn.

Retribution

Non-drinking spouses often come to treatment nurturing the fantasy of inflicting pain on their spouses commensurate with their own suffering during the period of heavy drinking. For two reasons, this fantasy is often elusive and difficult to elicit in treatment. First, people are loath to come

CG019260

Paper presented at a symposium on Cognitive-behavioral Techniques in Marital Therapy at the 92nd Annual Convention of the American Psychological Association, Toronto, Ontario, Canada, August 1984.

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to terms openly with their vengefulness. Many people see vengence as "not nice", and they shun the hint of it in themselves. Second, when recognized, such inclinations are hard to fulfill. The feeling of retribution is often expressed in vague terms which do not translate easily to appropriate means of execution. In some cases, however the fantasy may play itself out in rather demonstrative fashion.

Consider this case as a rather dramatic example. When he and his wife were referred for marital treatment, Mr. G. had been increasing his drinking steadily for 11 years. Three months before referral, he had been treated in an alcoholism treatment program, and he was attending Alcoholics Anonymous (AA) meetings regularly. Mrs. G. had been attending Al-Anon meetings since her husband's enrollment in alcoholism treatment. They had asked for marital treatment because they were interested in resolving some chronic marital difficulties which were independent of, though exascerbated by Mr. G.'s drinking.

Cognitively-oriented treatment commenced after three evaluation sessions, but progress was very arduous. Mrs. G. directed most of the attention of the early therapy sessions to her husband's past drinking escapades and particularly to their effects on her and their two adolescent children. Soon, Mr. G. complained that she "always harp(ed) on things which I can't change now and I told you I was sorry for." He was frustrated that his replies did not mollify his wife. Her husband's apologies seemed merely to incite Mrs. G., who repeated that it was "easy for you to say that now. You didn't go through what we went through." Mr. G. opened the eighth session with a challenge to his wife to explain incontrovertible "evidence I have that you're having an affair" with a man she had met at work some years before. Mrs. G. conceded that, indeed, she had been quite indiscreet in their meetings over the previous three weeks.

By the end of the session, both were very angry, and Mr. G. made an elaborate point of telling his wife "how hurt I am that you would do this to

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me." In the following session, they talked about the genesis of Mrs. G.'s affair in her overwhelming "need to get back at you. You hurt us so much I couldn't bear it." The "need" was satisfied, she said, when she was sure he had found out about the brief affair.

In general, efforts to resolve retribution fantasies usually are most productive when they focus on reducing the issue to its concrete implications. This usually is a two-step process. Initially, spouses evaluate whether retribution is possible, first by considering what form it would have to take to be satisfying and then by contemplating how it could be accomplished. This examination usually leads to the conclusion that retribution is not possible as fantasized, however compelling the fantasy may be. Later, aggrieved spouses consider whether retribution is desirable, especially in light of the chance that it could have a further destructive impact on the marital relationship. Often the conclusion is that retribution is undesirable (and/or impossible to obtain), and it is resolved by "writing off the pain", perhaps in return for acknowledgement of its legitimacy and some protection against its recurrence. In couples in which the feelings of vengence could not be resolved effectively, the stability of the marriage immediately has come to the fore as the primary focus of treatment. When they have been resolved, they are usually succeeded by the second of the triad of expectations.

Restitution

Non-drinking spouses often present an expectation of "payment" for their sufferings. Unlike the issue of retribution, this expectation is usually fairly easily elicited in treatment. While the wish for "repayment" may be clear, however, it is usually expressed in vague emotional terms which cannot be reduced to a specific currency. As a result, ex-drinkers often express frustration that the ill-defined expectation cannot be met. One woman described her husband's expectation as "demands I can't meet. How can I pay you for what you went through? What's the price? It's like blackmail, emotional blackmail"

for which a ransom cannot be defined concretely. Ultimately, this couple resolved the issue by working out a set of agreements about their mutual contributions to each other's future needs. That process, the husband later said, helped him in two ways. On the one hand, he could "expect things to improve emotionally in the future". On the other, he was able to "end my futile search" with the conclusion that ultimately he could not be "repaid" for his past sufferings: the emotional means for meeting his expectation simply did not exist.

Refuge

The desire for refuge against future disruptions occasioned by a spouse's return to drinking comes to the fore when spouses move past the frustration of the two previous fantasies. Following resolution of those fantasies, non-drinking spouses then usually insist upon some assurance that their immediate future be fairly secure from major disruption before they will commit themselves to treatment. Especially in cases in which the ex-drinker has suffered lapses in the past, protection may be a primary concern to the non-drinking spouse. Indeed, for some, it is the initial sine qua non of treatment.

Protection is an elusive quarry, though. After all is said and done, the ex-drinker cannot offer much more than a promise that (s)he will not start drinking again. And for many couples, promises are not impressive commodities. The A.'s, however, took such a promise a step further.

Mr. A. had been drinking for 17 years when he entered a detoxification and rehabilitation program. He did so after promising his wife, in front of the judge officiating at the divorce hearing she had initiated, that he would seek treatment for his drinking problem. His wife agreed to postpone that proceeding if he met one condition: in her words, "I need some protection." He assented, and the following week they signed an agreement, prepared by her attorney, which provided that he would automatically forfeit claims to the

house and family car and to custody of the children and that the divorce proceedings would be reinstated automatically if he took even one drink after he entered treatment. Though this agreement is among the more extreme I have seen, it allowed Mrs. A. some comfort in the knowledge, expressed to her husband, that "at least I know you have something riding on it if you decide to go back to the booze. You know, your word hasn't been worth much in the past. I can't really trust you about your drinking. Maybe this will make you think." The agreement allowed Mrs. A. to proceed with treatment with at least a modicum of confidence that she was "protected" from a repeat of her sufferings.

In the main, the issue of refuge usually does not present itself in such stark proportions as it did with the A.'s. The "Catch-22" quality, however, usually does -- "I require a guarantee from you, but I can't trust any guarantee you give me." The resolution for most couples is to reach a willingness to live with some uncertainty, both in their relationships and, initially, in the treatment.

I do not mean to imply that this triad of expectations is to be found exclusively in couples in which drinking has been problematic. Certainly they may be brought to treatment by couples in which other traumas have affected the marital relationship. While in one respect trauma is trauma when it comes to its impact on the couple, perhaps these three issues are more readily articulated when drinking has been a problem because the trauma in these instances can be identified so clearly. While subtlety may inhibit accessability, the clarity and specificity of these traumas seem to invite their exploration. It seems in my practice that marital treatment has proceeded apace only after the issues have been resolved.